



INITIATED AGREEMENTS' ACCOUNTABLE ADVANCES REVIEW, 2023

Program Funding: HPP Food Security Fund

Organization / Program Name: _____

Section	Complete (✓)	In Progress (✓)	If in Progress, provide an expected completion date	Not completed (If not completed, provide Action Plan in Comments section) (✓)	Comments	For TBDSSAB Use ONLY
Governance						
Code of Conduct Policy which applies to all levels of the Organization	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Policy in accordance with <i>Freedom of Information and Protection of Privacy Act (FIPPA)</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Policy addressing Conflict of Interest for persons at all levels of the organization	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Policy in accordance with the <i>Accessibility for Ontarians with Disabilities Act (AODA)</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Policies relative to decision-making processes	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Financial Management Policies	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Program Management Policies	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Service Delivery Procedures	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Fire Inspection of Premises, if applicable**	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Incident Management Plans, e.g. Pandemic Plan	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Acknowledgement of Funding Support						
Unless specific exemptions apply, the Service Provider will comply with requirements as identified by TBDSSAB, including, but not limited to TBDSSAB logo prominently displayed at the organization's locations, in Annual Reports, on Agency Letterhead, and on Website	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		



Section	Complete (✓)	In Progress (✓)	If in Progress, provide an expected completion date	Not completed (If not completed, provide Action Plan in Comments section) (✓)	Comments	For TBDSSAB Use ONLY
Retention of Records						
Records' Retention Policies / Procedures	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Acquisition of Goods or Services and Disposal of Assets						
Purchasing Policy	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Staff and Methods						
Human Resources management policies	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Insurance **The Insurance Certificate must be submitted with the signed Agreement.**						
Comprehensive General Liability Insurance	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Certificate of Insurance naming TBDSSAB as "Additional Insured"	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Automobile Insurance	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
REQUESTING EXEMPTION from non-mandatory requirements (Annual Income < \$50,000) Mandatory Items are highlighted		YES	<input type="checkbox"/>	TBDSSAB to confirm whether EXEMPTION GRANTED	<input type="checkbox"/>	
Reviewed and approved for submission by the governing body - Provide date and resolution: _____						

Signature of Signing Officer: _____

Name: _____
(Please print)

Date Signed: _____

Organization / Program Name: _____